



Below Market Rate – Rental Housing Program  
 456 W. Olive Avenue, Sunnyvale, CA 94086  
 408-730-7250 Fax: 408-737-4906

## ANNUAL CERTIFICATION OF OCCUPANCY AND INCOME BY BMR RENTER(S)

The undersigned, \_\_\_\_\_  
Names of Lessees

hereby certify that **I/we** lease and occupy the Below Market Rate (BMR) rental unit located at:

\_\_\_\_\_  
Complete Address and Apartment/Unit #

The BMR is **my/our** principal residence and that **I/we** have occupied the BMR unit on this basis continuously.

Our Household income falls at or below maximum gross allowable household income and that we have submitted accurate documentation of income, and a completed Annual Lease Re-Certification of BMR Tenants (Form R-11) has been submitted to the management office of the complex as a required documentation.

\_\_\_\_\_  
 Lessee (*Signature*)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Co-Lessee (*Signature*)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Phone

NOTE: All Household Members named in the Lease Agreement must sign. Use next page for additional Lessee. **Signature(s) must be notarized.**

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### CALIFORNIA JURAT WITH AFFIANT STATEMENT

STATE OF CALIFORNIA )

)  
 )ss.  
 )

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_  
Date  
 day of \_\_\_\_\_, \_\_\_\_\_, by  
Month Year

\_\_\_\_\_  
 Name of Signer(s)

\_\_\_\_\_  
 Name of Signer(s)

personally known to me or proved to me on the basis of satisfactory evidence to be the person  
 who appeared before me.

Place Notary Seal Above

\_\_\_\_\_  
 Notary Public Signature

Lessee and Co-Lessees for BMR Unit located at \_\_\_\_\_  
 (Complete Address and Apartment Unit#)

**Additional Household Members Listed in the Lease Agreement of the above BMR Unit**

_____ Co-Lessee ( <i>Signature</i> )	_____ Date
_____ Print Name	_____ Phone
_____ Co-Lessee ( <i>Signature</i> )	_____ Date
_____ Print Name	_____ Phone

**All signatures must be notarized.**